

[Laboratory or Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]
Sample Collection Date: [Date]

Dear [Patient Name],

Please find enclosed the results of your Comprehensive Food Intolerance Test. This panel measured your body's IgG antibody reactivity to [Number] different food items to identify potential sensitivities.

Summary of Results

Your results are categorized based on the level of reactivity detected:

- **High Reactivity (Elevated):** [List foods or refer to attached report]
- **Moderate Reactivity (Borderline):** [List foods or refer to attached report]
- **Low/No Reactivity (Normal):** All other foods tested showed no significant reaction.

Clinical Interpretation

A high reactivity score suggests that your immune system may be sensitive to these specific foods, which could contribute to symptoms such as bloating, fatigue, headaches, or digestive discomfort. Please note that food intolerance is distinct from a life-threatening food allergy (IgE).

Recommended Next Steps

1. **Elimination Phase:** Remove all "High Reactivity" foods from your diet for a period of 4 to 6 weeks.
2. **Rotation Diet:** For "Moderate Reactivity" foods, try to limit consumption to once every 4 days.
3. **Reintroduction:** Slowly reintroduce one food at a time while monitoring for physical symptoms.
4. **Consultation:** We recommend discussing these results with a registered dietitian or your primary care physician to ensure nutritional balance during your elimination diet.

A full, itemized breakdown of every food category tested is attached to this letter for your records.

If you have any questions regarding these findings or require further assistance, please contact our office at [Phone Number].

Sincerely,

[Authorized Signature]

[Name of Practitioner/Lab Director]

[Title/Credentials]